

# EVALUATION OF HIV/AIDS PREVENTION INTERVENTION MESSAGES ON A RURAL SAMPLE OF SOUTH AFRICAN YOUTH'S KNOWLEDGE, ATTITUDES, BELIEFS AND BEHAVIOURS OVER A PERIOD OF 15 MONTHS

Human Sciences

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## BACKGROUND

Generally HIV prevention intervention studies rely on experimental designs, sophisticated interventions and relatively small samples. Rotheram-Borus, Rebchook, Kelly, Adams and Neumann (2000) note that HIV prevention programmes need to be adopted and implemented nationwide by institutions within communities. Research-based HIV prevention interventions have used cognitive-behavioural principles and have been delivered over multiple sessions, while agencies conducting HIV prevention programmes typically deliver single session interventions aimed at increasing knowledge. Moreover, there has been little research on how to translate and to disseminate research-based HIV prevention interventions to be implemented by service agencies such as NGOs.

The aim of this study is to evaluate HIV/AIDS prevention intervention messages in a large rural youth (15-24 years) population in South Africa over a period of 15 months.

## METHOD

A representative community sample of 421 youth at time 1 and 416 at time 2 participated in the study using a three-stage cluster sampling method for a household survey.

The questionnaire included for both time 1 and 2 the following sections: Questionnaire identification data (6 items), Background characteristics (18 items), Sexual history: numbers and types of partners (8 items), Sexual partners: commercial partners (partner with whom you had sex in exchange for money) (6 items), Sexual partners: non-commercial partners (7 items), Male and female condoms (7 items), STDs (5 items), Knowledge, opinions, and attitudes towards HIV/AIDS (18 items) (Family Health International, 2000). Further, exposure to interventions for HIV prevention (13 items, and one open-ended question) was assessed at time 2.

## RESULTS

Results show that over a period of 15 months sexual risk behaviour reduced (multiple partners), and the number of sexually transmitted symptoms reduced. Attitudes towards persons living with HIV/AIDS improved partly due to mass media and to a lesser extent through community interventions and partly determined by the high level of mortality experienced in the studied communities. Peer educators had a significant impact on HIV/AIDS knowledge and favourable attitude towards people living with HIV/AIDS, magazines on lower HIV risk behaviour, and exposure to HIV/AIDS radio messages on consistent condom use. In this African sample of youth the reduction of sexual partners seem to be more feasible than (consistent) condom use to prevent STD and HIV infection.

Items	Mean	SD	Time 1	Time 2	Time 1	Time 2
Peer educator	2 (1.5)	95 (22.8)	38 (8.7)	17 (4.1)	101 (24.3)	230 (55.3)
Radio	4 (1)	94 (22.6)	23 (5.5)	30 (7.2)	227 (54.6)	227 (54.6)
Television	3 (1.7)	87 (20.9)	28 (6.6)	22 (5.3)	227 (54.6)	227 (54.6)

	Time 1	Time 2	Any sexual partner
Partners with whom you had sex	5 (1.4)	23 (7.7)	38 (46.8)
Partners with whom you had sex	38 (43.7)	272 (94.4)	33 (37.9)
Partners with whom you had sex	11 (3.8)		

Table 3: Type and number of sexual p

- Reasons for not using a condom when with**
- Non-commercial partner:
    - Not available
    - Too expensive
    - Partner objected
    - Don't like them
    - Used other contraceptive
    - Didn't think it was necessary
    - Didn't think of it
  - Commercial partner:
    - Not available
    - Too expensive
    - Partner objected
    - Don't like them
    - Used other contraceptive
    - Didn't think it was necessary
    - Didn't think of it
- Male condoms (affirmative responses)**
- Past use of male condom if not used during the last 12 months with any partner
  - Have you ever heard of male condom?
  - Know place from which you can obtain condoms
  - Place to obtain condom: shop
    - Pharmacy
    - Market / taxi rank
    - Clinic/hospital
    - Brigade house/hotel
    - Peer educator
    - Friend/relative
- Female condoms (affirmative response)**
- Have you ever heard of a female condom?
  - Have you ever used a female condom?
  - Know place from which you can obtain female condoms
  - Place to obtain female condom: shop
    - Pharmacy
    - Taxi rank/bus terminal
    - Clinic/hospital
    - Peer educator
- Correct descriptions of sexually transmitted**
- Women:**
- Abdominal pains
  - Genital discharge
  - Foul smelling discharge
  - Burning pain on urination
  - Genital ulcers/sores
  - Swellings in groin area
  - Itching
- Men:**
- Genital discharge
  - Burning pain on urination
  - Genital ulcers/sores
  - Swellings in groin area
  - Sexually transmitted disease treatment cost

Soul City Radio Drama	10 (2.4)	87 (20.9)	45 (10.8)	18 (4.3)	169 (40.6)
Soul City TV Drama	11 (2.6)	90 (21.6)	38 (9.1)	15 (3.6)	162 (38.9)
Soul Buddyz	7 (1.7)	94 (22.6)	47 (11.3)	19 (4.6)	146 (35.1)
Community AIDS awareness forum	8 (1.9)	107 (25.7)	48 (11.5)	19 (4.6)	99 (23.8)
Posters and pamphlets	8 (1.9)	106 (25.5)	41 (9.9)	38 (9.1)	128 (30.8)
Magazines	8 (1.9)	106 (25.2)	42 (10.1)	42 (10.1)	101 (24.3)
Newspapers	8 (1.8)	108 (25.6)	35 (8.4)	38 (9.1)	111 (26.7)
Friends/relatives	9 (2.2)	95 (22.8)	28 (6.7)	21 (5.0)	165 (39.7)
Educational centres	9 (2.2)	81 (19.5)	38 (9.7)	28 (6.7)	122 (29.3)
Health care worker	10 (2.4)	97 (23.3)	57 (13.7)	33 (7.8)	88 (21.4)

Table 1: Sources of HIV/AIDS prevention intervention in the past 12 months by frequency (percent) at time 2

Seek advice/medicine from a government clinic or hospital  
 ... from a workplace clinic or hospital  
 ... from a church or charity clinic or hospital  
 ... from a private clinic or hospital  
 ... from a private pharmacy  
 ... from a traditional healer

## CONCLUSION

Various sources of HIV/AIDS significant impact on HIV/AIDS risk behaviour and community educators seemed to have a knowledge and favourable attitude on lower HIV risk behaviour, messages on consistent communication.

In view of the limited effects of messages in this sample of rural control and prevention programme. Future research needs to include comparison group in order to identify different sources of HIV/AIDS separately to identify positive inform multi-level HIV/AIDS prevention.



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